

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

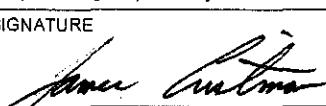
FDRM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)																																													
		<table border="1"> <tr> <td colspan="3">I. EPA I.D. NUMBER</td> <td colspan="3">S F</td> <td colspan="3">T/A</td> <td colspan="3">C D</td> </tr> <tr> <td colspan="3">ILD041550567</td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="3"></td> </tr> <tr> <td>1</td><td>2</td><td></td> <td>13</td><td>14</td><td>15</td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> </table> <p>GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>										I. EPA I.D. NUMBER			S F			T/A			C D			ILD041550567												1	2		13	14	15						
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LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE																																													
I. EPA I.D. NUMBER																																															
III. FACILITY NAME																																															
V. FACILITY MAILING ADDRESS																																															
VI. FACILITY LOCATION																																															
II. POLLUTANT CHARACTERISTICS																																															
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.																																															
SPECIFIC QUESTIONS			Mark 'X'			SPECIFIC QUESTIONS			Mark 'X'																																						
			YES	NO	FORM ATTACHED				YES	NO	FORM ATTACHED																																				
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			<input checked="" type="checkbox"/>			B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			<input checked="" type="checkbox"/>																																						
10	17	18				19	20	21																																							
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			<input checked="" type="checkbox"/>																																						
22	23	24				25	26	27																																							
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)			<input checked="" type="checkbox"/>			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			<input checked="" type="checkbox"/>																																						
28	29	30				31	32	33																																							
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			<input checked="" type="checkbox"/>			H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			<input checked="" type="checkbox"/>																																						
34	35	36				37	38	39																																							
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			<input checked="" type="checkbox"/>			J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			<input checked="" type="checkbox"/>																																						
40	41	42				43	44	45																																							
III. NAME OF FACILITY																																															
C 1	SKIP	Citgo Petroleum Corporation Lemont Refinery																																													
15	16	20	29									60																																			
IV. FACILITY CONTACT																																															
A. NAME & TITLE (last, first, & title)											B. PHONE (area code & no.)																																				
2 Postel, Brigitte, Senior Environmental Specialist											(630) 257-4221																																				
15	19										43	46	48	49	51	52	55																														
V. FACILITY MAILING ADDRESS																																															
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15	16										45																																				
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5 4	Lemont										IL	60439																																			
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VI. FACILITY LOCATION																																															
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B. COUNTY NAME																																															
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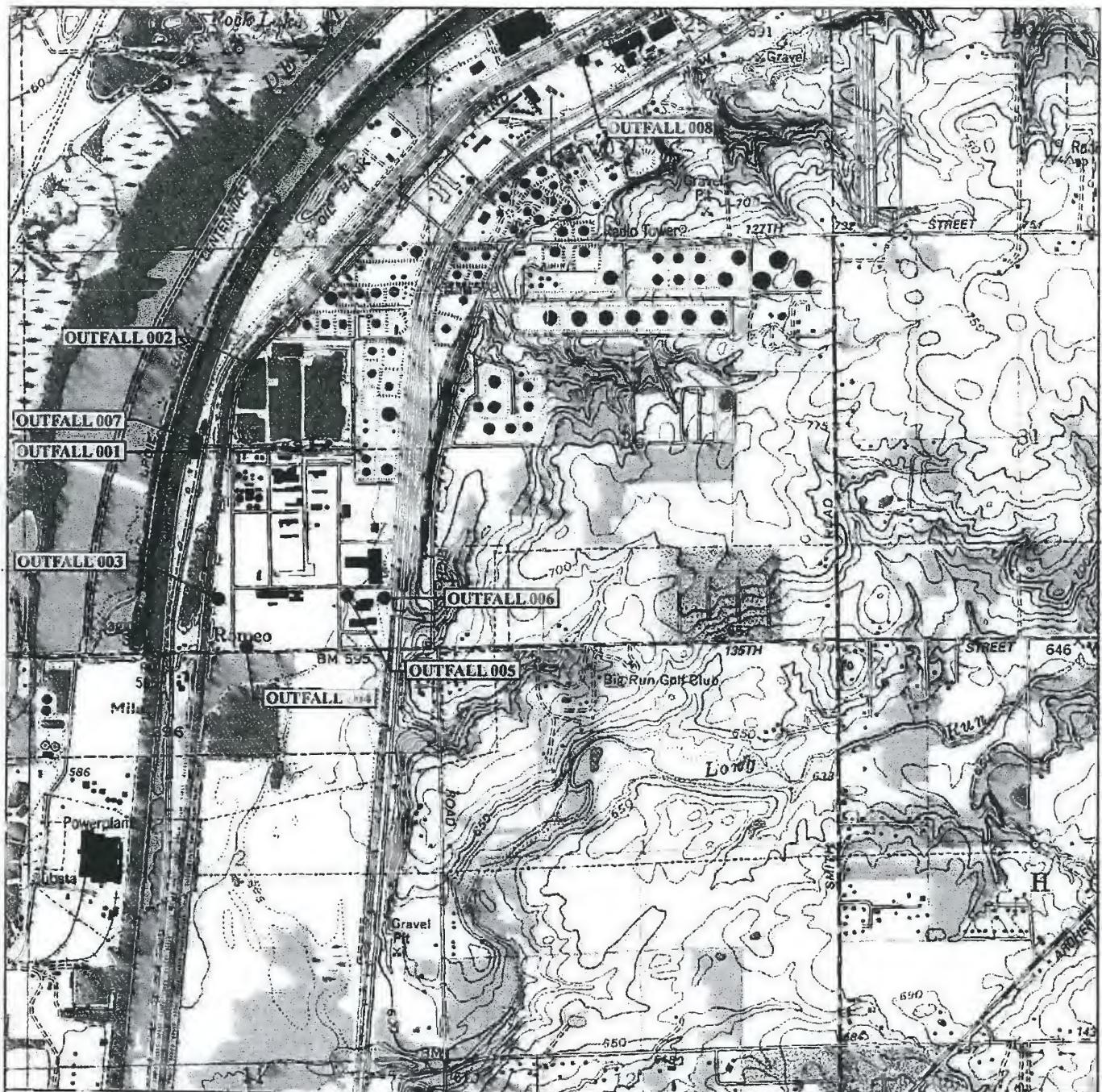
APR 19 2012

REVIEWER EAV

DEC 17 2010
Environmental Protection Agency
WPC-Permit Log In

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VII. SIC CODES (4-digit, in order of priority)																																						
<table border="1"> <tr> <td colspan="3">A. FIRST</td> <td colspan="3">B. SECOND</td> </tr> <tr> <td>c 7</td> <td>2911</td> <td>(specify) Petroleum Refining</td> <td>c 7</td> <td></td> <td>(specify)</td> </tr> <tr> <td>15 16</td> <td>18</td> <td></td> <td>15 16</td> <td>18</td> <td></td> </tr> </table>												A. FIRST			B. SECOND			c 7	2911	(specify) Petroleum Refining	c 7		(specify)	15 16	18		15 16	18										
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XI. MAP																																						
<p>Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.</p>																																						
XII. NATURE OF BUSINESS (provide a brief description)																																						
<p>A. Petroleum Refining and Related Activities.</p> <p>B. Process crude oil into finished petroleum products such as gasoline, fuel oil, and other miscellaneous products.</p>																																						
XIII. CERTIFICATION (see instructions)																																						
<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</p>																																						
A. NAME & OFFICIAL TITLE (type or print)				B. SIGNATURE				C. DATE SIGNED																														
James Cristman, VP/GM Lemont Refinery								12-9-10																														
COMMENTS FOR OFFICIAL USE ONLY																																						
c C 15 16																																						



TOPO MAP DEPICTING OUTFALLS
CITGO REFINERY
LEMONT, ILLINOIS



2000' 0 2000'

SOURCE: UNITED STATES DEPARTMENT OF THE INTERIOR, GEOLOGICAL SURVEY
ROMEovILLE, ILLINOIS QUADRANGLE

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form I)
ILD041550567

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

FORM 2C NPDES	U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS Consolidated Permits Program						
I. OUTFALL LOCATION							
For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.							
A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	41	38	58	88	03	31	Chicago Sanitary & Ship Canal
002	41	39	08	88	03	20	Illinois & Michigan Canal
007	41	38	55	88	03	26	Chicago Sanitary & Ship Canal
II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES							
<p>A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.</p> <p>B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.</p>							
1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW			3. TREATMENT			
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION		b. LIST CODES FROM TABLE 2C-1		
001	Process Wastewater and	2.51 MGD	Ammonia & Sulfide Stripping		1-A		
	Cooling Tower Blowdown,		Equalization		XX		
	Non Process Wastewater	2.78 MGD	Oil / Water Separation		1-U		
	(Stormwater, Utility Water,		Chemical Precipitation, flotation		1-H		
	Boiler Blowdown)		Coagulation		2-D		
	Sanitary Wastewater, Hydrostatic	0.12 MGD	Activated Sludge		3-A		
	Test Water, & chemical cleaning. Also		Treated Water Basin		3-G		
	process wastewater from Seneca,		Discharge to surface water		4-A		
002	Oxbow, and Linde		Reuse/Recycle of treated effluent		4-C		
	Effluent from Stormwater	Intermittent	Stormwater Retention Basin		XX		
	Basin, including Stormwater,						
	treated refinery wastewater						
	(firewater), utility water,						
	boiler blowdown; Tank farm						
	stormwater drainage, Hydrostatic						
007	Test Water, waste biosolids from						
	activated sludge, Subdivision Develop-						
	ments, Drainage, Exxon-Mobil						
	Terminal Stormwater, Oxbow,						
	ONEOK, Linde storm water						
	Traveling screen backwash	0.062 mgd			I-T		
OFFICIAL USE ONLY (effluent guidelines sub-categories)							

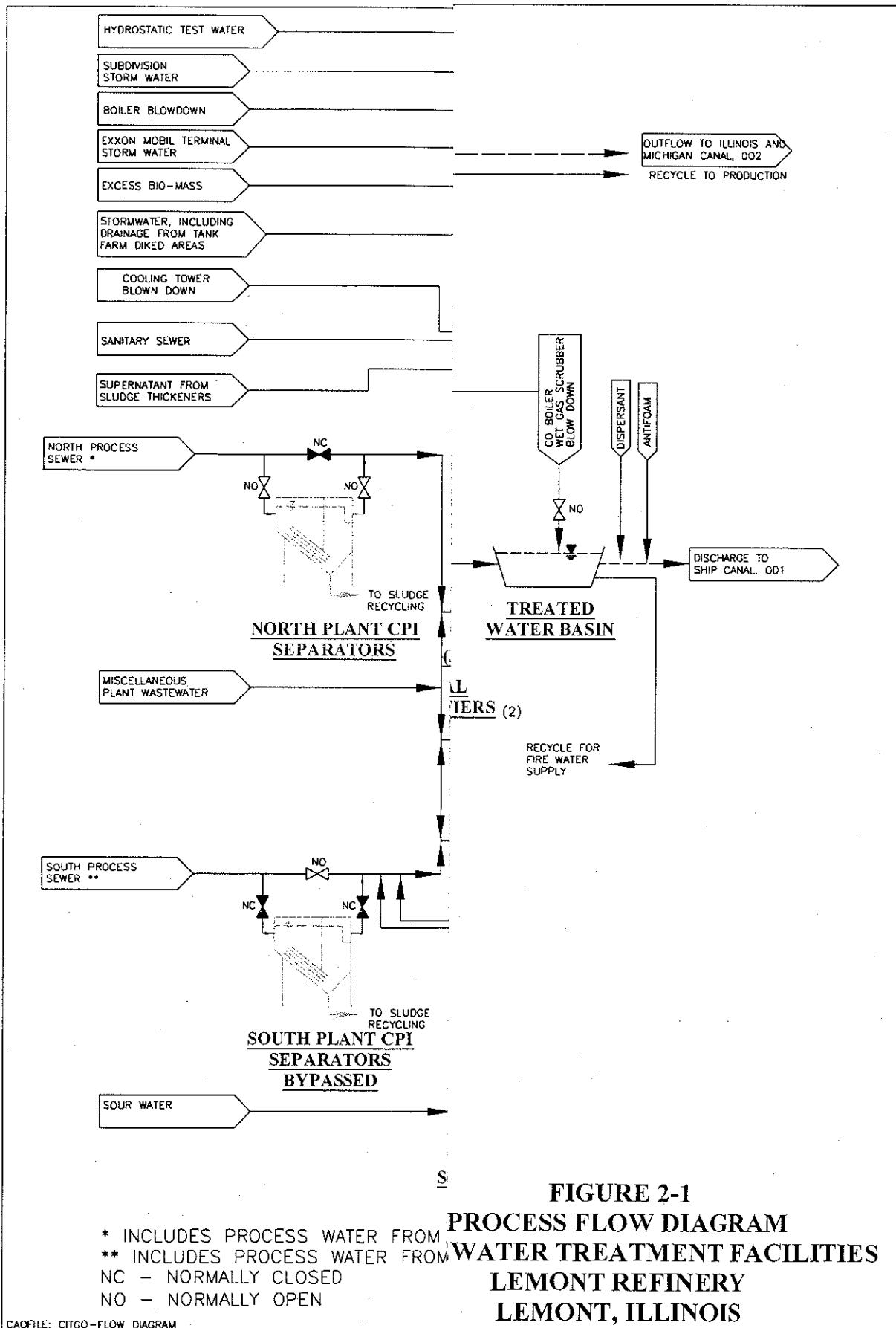


FIGURE 2-1
PROCESS FLOW DIAGRAM
WATER TREATMENT FACILITIES
LEMONT REFINERY
LEMONT, ILLINOIS

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in items II-A or B intermittent or seasonal?								
<input checked="" type="checkbox"/> YES (complete the following table)				<input type="checkbox"/> NO (go to Section III)				
1. OUTFALL NUMBER (list)	2. OPERATION(s) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		C. DURATION (in days)
002	Effluent from Stormwater Basin, including stormwater, treated refinery wastewater (firewater), utility water, boiler blowdown, tank farm stormwater drainage, hydrostatic test water, waste biosolids from activated sludge process, and excess bio-mass. Also subdivision drainage and stormwater from the Exxon-Mobil Terminal, ONEOK, Oxbow, and Linde (I & II).		1	2.63*	7.65	2.63 mgd*	7.65 MG	

* 2.63 mgd represents the average flow rate of four days of discharge in March 2009. These were the only discharges from outfall 002 in 2009. Taking into account the remaining days in 2009 where no discharge occurred, the long term average for all of 2009 would be 0.029 mgd.

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

YES (complete Item III-B) NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

YES (complete Item III-C) NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION		2. AFFECTED OUTFALLS (list outfall numbers)	
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	
168,626	Barrels/day	Atmospheric crude distribution	001
168,626	"	Crude Desalting	"
82,807	"	Vacuum Crude Distillation	"
69,098	"	Fluid Catalytic Cracking	"
40,326	"	Delayed Coking	"
6,413	"	Needle Coking	"
4,329	"	Asphalt Production	"
10,935	"	Asphalt Emulsion	"
41,735	"	Unit 102 Hydrotreater	"
35,322	"	Diesel Distillate Hydrotreating	"
14,342	"	Light Diesel Distillate Hydrotreating	"
14,545	"	#1 Reformer	"
25,182	"	#2 Reformer	"

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

YES (complete the following table) NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED
Ammonia Adjusted Standard AS 08-8 (Adjusted Standard - Water)	001	Wastewater	The refinery must meet a monthly average limitation for ammonia nitrogen of 6.93 mg/L whenever the monthly average discharge exceeds 100 lbs. per day and a daily maximum limit of 10.61 mg/L whenever the daily discharge exceeds 200 pounds of ammonia.	December 31, 2013	
PCB 08-33 (TDS Variance)	001	Wastewater	The Illinois Pollution Control Board granted the refinery an extension of PCB 08-85, which temporarily exempted the refinery from the Board's water quality standards for Total Dissolved Solids (TDS) (35 Ill. Adm. Code 302.208(g) and 302.407).	May 15, 2013 (TDS Variance Expiration Date)	

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

EPA I.D. NUMBER (copy from Item 1 of Form 1)

ILD041550567

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding - Complete one set of tables for each outfall - Annotate the outfall number in the space provided.
 NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
Vanadium	This metal is a component in some catalyst utilized within the refinery.		

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

 YES (list all such pollutants below) NO (go to Item VI-B)

Potassium hydroxide
 Catalysts
 Alumina
 Iron
 Hydrogen sulfides
 Amine
 Corrosion inhibitors (zinc based)
 Ethylene glycol
 Hydrogen sulfide
 Perchloroethylene
 Phosphoric Acid
 Cooling Tower - biocide (periodic)
 Sodium hypochlorite
 Herbicides (applications consistent with the FIFRA)
 Potassium permanganate
 Emulsifying Agents/Dispersants
 Sulfuric acid
 Hydrochloric acid
 Hydrofluoric acid
 Formaldehyde
 Aluminum soluble salts
 Sodium hydroxide
 Anthraquinone disulphide

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

YES (identify the test(s) and describe their purposes below)

NO (go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
TestAmerica Laboratories, Inc.	2400 Cumberland Drive Valparaiso, IN 46383	(219) 464-2389	Volatile Organic Compounds Semivolatile Organic Compounds Organochlorine Pesticides/ PCBs Metals Mercury Nitrogen, Nitrate-Nitrite Cyanide, Total Asbestos Phosphorus, Total Methylene Blue Active Substances Nitrogen, Organic Total Organic Carbon Color Fecal Coliform

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)

James Cristman, Vp/GM Hemant Refining

B. PHONE NO. (area code & no.)

(630) 257-4300

C. SIGNATURE

D. DATE SIGNED

12-9-10

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same form) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Farm I)
IILD041550567

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

	1. POLLUTANT	2. EFFLUENT		3. UNITS (specify if blank)		4. INTAKE (optional)			
		a. MAXIMUM DAILY VALUE (if available)	b. MAXIMUM 30 DAY VALUE (if available)	e. LONG TERM AVRG. VALUE (if available)	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS CONCENTRATION (1)	a. LONG TERM AVERAGE VALUE (1)	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (BOD)	14.9 *	1344.6*	14.1	598.3	5.1	209.3	308 / a	mg/L	1b/day
b. Chemical Oxygen Demand (COD)		7392		3529		2342	209 / b	mg/L	1b/day
c. Total Organic Carbon (TOC)	5.4						1 / c	ng/L	
d. Total Suspended Solids (TSS)	31	1671.2	17.9	636.9	11	423.5	209 / b	mg/L	1b/day
e. Ammonia (as N)	6.5	58.40	1.28	51.91	0.33	11.66	104 / e	mg/L	1b/day
f. Flow	VALUE	8.35	VALUE	6.60	VALUE	5.06	365 / d	MGD	VALUE
g. Temperature (winter)	VALUE	27.06	VALUE	25.33	VALUE	22.43	6 / d	°C	VALUE
h. Temperature (summer)	VALUE	33.00	VALUE	30.7B	VALUE	28.29	6 / d	°C	VALUE
i. pH	MINIMUM	7.0	MAXIMUM	8.1	MINIMUM	MAXIMUM	STANDARD UNITS		

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT		4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1)	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVRG. VALUE (if available)	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS CONCENTRATION (1)	a. LONG TERM AVERAGE VALUE (1)	b. NO. OF ANALYSES
a. Bromide (24965-67-9)	X									
b. Chlorine, Total Residual	X	0.045						12 / d	mg/L	
c. Color	X	4.0					1 / c	Units		
d. Fecal Coliform	X	226**					1 / c	CFU/100 mL		
e. Fluoride (16984-48-8)	X	10.00	333.2	4.71	221.4	2.42	99.5	210 /b	mg/L	1b/day
f. Nitrate-Nitrite (as N)	X	9.5					1 / c	mg/L		

CONTINUE ON REVERSE

PAGE V-1 Winter Temperature: Jan. to April and Nov. to Dec., 2009

/b - Appendix D

/e - Appendix G

/c - Appendix E

Summer Temperature: May to Oct. 2009

** Sample was prepped or analyzed beyond the specified holding time

* 79.8 mg/L and 3,215.2 lbs/day of BOD were recorded in April 2010, but occurred due to upset conditions at the refinery and are not reflective of normal operations. 14.9 mg/L and 1,344.0 lbs/day are the next highest BOD results recorded between June 2008 and May 2010.

ITEM V-B CONTINUED FROM FRONT

2. MARK "X"		3. EFFLUENT				4. UNITS				5. INTAKE (optional)			
1. POLLUTANT AND CAS NO. (if available)	a. BELIEVED PRESENT b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION (2) MASS	d. NO. OF ANALYSES	a. CONCEN-TRATION (1) CONCENTRATION (2) MASS	b. MASS	a. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION (2) MASS	b. NO. OF ANALYSES	a. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION (2) MASS	b. NO. OF ANALYSES		
g. Nitrogen, Total Organic (as N)	X	2.2						1 / c	mg/L				
h. Oil and Grease	X	9.5	598.8	4.1	184.2	2.5	104.8	208 /b	mg/L	1b/day			
i. Phosphorous (as P), Total (7723-14-0)	X	1.0						1 / c	mg/L				
j. Radioactivity													
(1) Alpha, Total	X												
(2) Beta, Total	X												
(3) Radium, Total	X												
(4) Radium 226, Total	X												
k. Sulfate (as SO ₄) (14808-79-8)	X		4875		3442		2652		104 /f	mg/L			
l. Sulfide (as S) (14265-45-3)	X							0.25	207 /b	mg/L	1b/day		
m. Sulfite (as SO ₃) (14265-45-3)	X												
n. Surfactants	X		0.37 **					1 / c	mg/L LAS	0.06	50+		
o. Aluminum, Total (7429-90-5)	X		< 0.50					1 / c	mg/L				
p. Barium, Total (7440-35-3)	X		0.13					1 / c	mg/L				
q. Boron, Total (7440-42-8)	X		0.61					1 / c	mg/L				
r. Cobalt, Total (7440-48-4)	X												
s. Iron, Total (7439-89-6)	X		4.22				179		1.0 /g	ug/L			
t. Magnesium, Total (7439-95-4)	X		21					1 / c	mg/L				
u. Molybdenum, Total (7439-95-5)	X		0.10										
w. Tin, Total (7440-31-5)	X												
x. Titanium, Total (7440-32-6)	X												

** Sample was prepped or analyzed beyond the specified holding time

CONTINUED FROM PAGE 3 OF FORM 2-C

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
TID041550567	001

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS provide the results of at least one analysis for that pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	a. TESTED REQUIRED	b. BELOW PRESENT	c. BELOW ABSENT	2. MARK "X"			3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
				a. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MASS (2) CONCENTRATION	c. LONG TERM AVRG. (if available)	a. CONCEN- TRATION	b. MASS (1) CONCENTRATION	c. LONG TERM AVRG. (2)	a. CONCEN- TRATION	b. MASS (2) CONCENTRATION	c. LONG TERM AVERAGE VALUE (1)	a. LONG TERM AVERAGE VALUE (2)	b. NO. OF ANALYSES	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)	X				7.0					1 / c	ug/L				
2M. Arsenic, Total (7440-38-2)	X				20.30					1.0 / e	ug/L				
3M. Beryllium, Total (7440-41-7)	X			< 0.50						1 / c	ug/L				
4M. Cadmium, Total (7440-43-9)	X			0.178						1.0 / e	ug/L				
5M. Chromium Total (7440-47-3)	X			0.02	1.39	0.02	0.70	0.01	0.45	210 / b	ug/L	1b/day			
6M. Copper, Total (7440-50-8)	X				10.30				4.31	1.0 / e	ug/L				
7M. Lead, Total (7439-92-1)	X				1.190				0.560	1.0 / e	ug/L				
6M. Mercury, Total (7439-97-6)	X				0.0254				0.01753	1.0 / e	ug/L				
9M. Nickel, Total (7440-02-0)	X				30.8				16.95	1.0 / e	ug/L				
10M. Selenium, Total (7732-49-2)	X				183				114	1.0 / e	ug/L				
11M. Silver, Total (7440-22-4)	X				0.043				0.019	1.0 / e	ug/L				
12M. Thallium, Total (7440-28-0)	X				< 1.0					1 / c	ug/L				
13M. Zinc, Total (7440-36-6)	X				26.80				14.84	1.0 / e	ug/L				
14M. Cyanide, Total (57-12-5)	X				0.056	2.23			0.005	0.20	mg/L	1b/day			
15M. Phenols, Total	X				0.220	6.61			0.021	0.85	209 / b	mg/L	1b/day		
DIOXIN															
2,3,7,8-Tetra- chlorodibenzo-P- Dioxin (1764-01-6)			X												
DESCRIBE RESULTS															

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"		3. EFFLUENT		4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	b. MAXIMUM DAILY VALUE (if available)	c. LONG TERM AVG. VALUE (if available)	d. NO. OF ANALYSES	a. CONCENTRATION (1) (2) MASS CONCENTRATION	b. NO. OF ANALYSES	a. CONCENTRATION (1) (2) MASS CONCENTRATION
GC/MS FRACTION - VOLATILE COMPOUNDS									
IV. Acrolein (107-02-8)	X			< 160				1	ug/L
2V. Acrylonitrile (107-13-1)	X			< 50				1	ug/L
3V. Benzene (71-43-2)	X			< 5.0				1	ug/L
4V. Bis (Chloro-methyl) Ether (542-88-1)	X								
5V. Bromoform (75-25-2)	X			< 5.0				1	ug/L
6V. Carbon Tetrachloride (56-23-5)	X			< 5.0				1	ug/L
7V. Chlorobenzene (108-90-7)	X			< 5.0				1	ug/L
8V. Chlorodibromomethane (124-48-1)	X			< 5.0				1	ug/L
9V. Chloroethane (75-00-3)	X			< 10				1	ug/L
10V. 2-Chloroethylvinyl Ether (110-75-8)	X			< 5.0				1	ug/L
11V. Chloroform (67-66-3)	X			< 5.0				1	ug/L
12V. Dichlorobromomethane (75-27-4)	X			< 5.0				1	ug/L
13V. Dichlorodifluoromethane (75-71-8)	X			< 5.0				1	ug/L
14V. 1,1-Dichloroethane (75-34-3)	X			< 5.0				1	ug/L
15V. 1,2-Dichloroethane (107-06-2)	X			< 5.0				1	ug/L
16V. 1,1-Dichloroethylene (75-35-4)	X			< 5.0				1	ug/L
17V. 1,2-Dichloropropane (76-87-5)	X			< 5.0				1	ug/L
18V. 1,3-Dichloropropylene (542-75-6)	X			< 10				1	ug/L
19V. Ethylbenzene (100-41-4)	X			< 5.0				1	ug/L
20V. Methyl Bromide (74-83-9)	X			< 10				1	ug/L
21V. Methyl Chloride (74-87-3)	X			< 10				1	ug/L

CONTINUED FROM PAGE V-4

Outfall Number: 001

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"		3. EFFLUENT		4. UNITS		5. INTAKE (optional)	
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. MAXIMUM DAILY VALUE (if available)	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVG. VALUE (if available)	d. NO. OF ANALYSES	a. CONCENTRATION (1) (2) MASS CONCENTRATION	b. NO. OF ANALYSES (1) (2) MASS CONCENTRATION
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)								
22V. Methylene Chloride (75-09-2)	X		< 5.0				1	ug/L
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	X		< 5.0				1	ug/L
24V. Tetrachloro-ethylene (127-18-4)	X		< 5.0				1	ug/L
25V. Toluene (108-88-3)	X		< 5.0				1	ug/L
26V. 1,2-Trans-Dichloroethylene (156-80-5)	X		< 5.0				1	ug/L
27V. 1,1,1-Trichloro-ethane (71-55-6)	X		< 5.0				1	ug/L
28V. 1,1,2-Trichloro-ethane (79-00-5)	X		< 5.0				1	ug/L
29V. Trichloro-ethylene (78-01-6)	X		< 5.0				1	ug/L
30V. Trichloro-fluoromethane (75-69-4)	X		< 5.0				1	ug/L
31V. Vinyl Chloride (75-01-4)	X		< 2.0				1	ug/L
GC/MS FRACTION - ACID COMPOUNDS								
1A. 2-Chlorophenol (95-57-8)	X		< 10				1	ug/L
2A. 2,4-Dichlorophenol (120-83-2)	X		< 10				1	ug/L
3A. 2,4-Dimethylphenol (105-67-9)	X		< 10				1	ug/L
4A. 4,6-Dinitro-O-Cresol (534-52-1)	X		< 20				1	ug/L
5A. 2,4-Dinitro-phenol (51-28-5)	X		< 50				1	ug/L
6A. 2-Nitrophenol (88-75-5)	X		< 10				1	ug/L
7A. 4-Nitrophenol (100-02-7)	X		< 50				1	ug/L
8A. P-Chloro-M-Cresol (59-50-7)	X		< 10				1	ug/L
9A. Pentachlorophenol (87-88-5)	X		< 20				1	ug/L
10A. Phenol (108-95-2)	X		< 10				1	ug/L
11A. 2,4,6-Trichlorophenol (88-05-2)	X		< 10				1	ug/L

CONTINUED FROM THE FRONT

Outfall Number: 001

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (¹)	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVRG. VALUE (if available)	a. CONCENTRATION (¹)	b. CONCENTRATION (¹) MASS	c. NO. OF ANALYSES	d. NO. OF ANALYSES	e. AVERAGE VALUE	f. NO. OF ANALYSES
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS												
1B. Acenaphthene (83-32-9)	X			< 1.0					1	ug/L		
2B. Acenaphthylene (208-96-8)	X			< 1.0					1	ug/L		
3B. Anthracene (120-12-7)	X			< 1.0					1	ug/L		
4B. Benzidine (92-67-5)	X			< 5.0					1	ug/L		
5B. Benzo (a) Anthracene (56-55-3)	X			< 1.0					1	ug/L		
6B. Benzo (a) Pyrene (50-32-8)	X			< 1.0					1	ug/L		
7B. 3,4-Benzofluoranthene (205-99-2)	X			< 1.0					1	ug/L		
8B. Benzo (eff) Perylene (191-24-2)	X			< 1.0					1	ug/L		
9B. Benzo (k) Fluoranthene (207-08-9)	X			< 1.0					1	ug/L		
10B. Bis (2-Chloroethoxy) Methane (111-91-1)	X			< 1.0					1	ug/L		
11B. Bis (2-Chloroethyl) Ether (111-44-4)	X			< 1.0					1	ug/L		
12B. Bis (2-Chloroisopropyl) Ether (112-80-1)	X		*						1	ug/L		
13B. Bis (2-Ethylhexyl) Phthalate (101-55-3)	X			< 2.0					1	ug/L		
14B. 4-Bromophenyl Phenyl Ether	X			< 1.0					1	ug/L		
15B. Butyl Benzyl Phthalate (85-68-7)	X			< 1.0					1	ug/L		
16B. 2-Chloronaphthalene (91-58-7)	X			< 1.0					1	ug/L		
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)	X			< 1.0					1	ug/L		
18B. Chrysene (218-01-9)	X			< 1.0					1	ug/L		
19B. Dibenzene Anthracene (53-70-3)	X			< 1.0					1	ug/L		
20B. 1,2-Dichlorobenzene (95-50-1)	X			< 1.0					1	ug/L		
21B. 1,3-Dichlorobenzene (64-1-73-1)	X			< 1.0					1	ug/L		

CONTINUED FROM PAGE V-6

Outfall Number: 001

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
	a. TESTING REQUIRED	b. PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS CONCENTRATION	a. LONG TERM AVERAGE VALUE (¹)
				(1)	(2) MASS CONCENTRATION	(1)	(2) MASS CONCENTRATION	(1)	(2) MASS CONCENTRATION	(1)	(2) MASS CONCENTRATION	b. NO. OF ANALYSES
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)												
22B. 1,4-Dichlorobenzene (106-48-7)	X	X		< 10					1	ug/L		
23B. 3,3'-Dichloro-benzidine (91-94-1)	X	X		< 10					1	ug/L		
24B. Diethyl Phthalate (84-68-2)	X	X		< 10					1	ug/L		
25B. Dimethyl Phthalate (131-11-3)	X	X		< 10					1	ug/L		
26B. Di-N-Butyl Phthalate (84-74-2)	X	X		< 10					1	ug/L		
27B. 2,4-Dinitrotoluene (121-14-2)	X	X		< 10					1	ug/L		
28B. 2,6-Dinitrotoluene (606-20-2)	X	X		< 10					1	ug/L		
29B. Di-N-Octyl Phthalate (117-84-0)	X	X		< 10					1	ug/L		
30B. 1,2-Diphenylhydrazine (as 4- <i>o</i> -benzene) (122-68-7)	X	X		< 10					1	ug/L		
31B. Fluoranthene (206-44-0)	X	X		< 10					1	ug/L		
32B. Fluorene (86-73-7)	X	X		< 10					1	ug/L		
33B. Hexachlorobenzene (118-74-1)	X	X		< 10					1	ug/L		
34B. Hexachlorobutadiene (67-98-3)	X	X		< 10					1	ug/L		
35B. Hexachlorocyclopentadiene (77-47-4)	X	X		< 10					1	ug/L		
36B. Hexachloroethane (67-72-1)	X	X		< 10					1	ug/L		
37B. Indeno[1,2,3- <i>c,d</i>]Pyrene (193-38-5)	X	X		< 10					1	ug/L		
38B. Isophorone (78-59-1)	X	X		< 10					1	ug/L		
39B. Naphthalene (91-20-3)	X	X		< 10					1	ug/L		
40B. Nitrobenzene (98-95-3)	X	X		< 10					1	ug/L		
41B. N-Nitrosodimethylamine (62-75-9)	X	X		< 10					1	ug/L		
42B. N-Nitrosodi-N-Propylamine (621-64-7)	X	X		< 10					1	ug/L		

CONTINUED FROM THE FRONT

Outfall Number: 001

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. (2) MASS CONCENTRATION	c. LONG TERM AVERAGE (if available) (1) CONCENTRATION	d. NO. OF ANALYSES (2) MASS CONCENTRATION	e. a. CONCEN- TRATION (1) MASS CONCENTRATION	f. b. MASS CONCENTRATION (2) MASS CONCENTRATION	g. a. CONCEN- TRATION (1) MASS CONCENTRATION	h. b. MASS CONCENTRATION (2) MASS CONCENTRATION	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)												
43B. N-nitro-sodiphenylamine (86-30-6)	X			< 1.0					1	ug/L		
44B. Phenanthrene (85-01-8)	X			< 1.0					1	ug/L		
45B. Pyrene (129-00-0)	X			< 1.0					1	ug/L		
46B. 1,2,4-Tri-chlorobenzene (1120-82-1)	X			< 1.0					1	ug/L		

GC/MS FRACTION - PESTICIDES

1P. Aldrin (309-00-2)	X			< 0.047					1	ug/L	
2P. α -BHC (319-84-6)	X			< 0.047					1	ug/L	
3P. β -BHC (319-85-7)	X			< 0.047					1	ug/L	
4P. γ -BHC (58-89-9)	X			< 0.047					1	ug/L	
5P. δ -BHC (319-86-8)	X			< 0.047					1	ug/L	
6P. Chlordane (57-74-9)	X			< 0.093					1	ug/L	
7P. 4,4'-DDT (50-29-3)	X			< 0.047					1	ug/L	
8P. 4,4'-DDE (72-55-9)	X			< 0.047					1	ug/L	
9P. 4,4'-DDD (72-54-8)	X			< 0.047					1	ug/L	
10P. Dieldrin (60-57-1)	X			< 0.047					1	ug/L	
11P. α -Endosulfan (115-29-7)	X			< 0.047					1	ug/L	
12P. β -Endosulfan (115-29-7)	X			< 0.047					1	ug/L	
13P. Endosulfan Sulfate (1031-07-8)	X			< 0.047					1	ug/L	
14P. Endrin (72-20-8)	X			< 0.047					1	ug/L	
15P. Endrin Aldehyde (7421-93-4)	X			< 0.047					1	ug/L	
16P. Heptachlor (76-44-8)	X			< 0.047					1	ug/L	

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All results above are from Appendix E

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CONTINUE ON PAGE V-9

EPA I.D. NUMBER (copy from Item 1 of Form I)	OUTFALL NUMBER
IID041550567	001

CONTINUED FROM PAGE V-8

2. MARK 'X'		3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
1. POLLUTANT AND CAS NUMBER (if available)	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS CONCENTRATION	c. LONG TERM AVRG. VALUE (if available)	d. NO. OF ANALYSES	a. CONCEN- TRATION (1) (2) MASS	b. MASS CONCENTRATION (2) MASS	a. LONG TERM AVG. VALUE (1) b. NO. OF ANALYSES
GC/MS FRAC/TDN ~ PESTICIDES (continued)										
17P. Heptachlor Epoxide (1024-57-3)	X			< 0 . 047				1	ug/L	
18P. PCB-1242 (53-469-2-1-9)	X			< 0 . 47				1	ug/L	
19P. PCB-1254 (11097-69-1)	X			< 0 . 47				1	ug/L	
20P. PCB-1221 (11104-28-2)	X			< 0 . 47				1	ug/L	
21P. PCB-1232 (11141-16-5)	X			< 0 . 47				1	ug/L	
22P. PCB-1248 (112672-29-6)	X			< 0 . 47				1	ug/L	
23P. PCB-1260 (11096-82-5)	X			< 0 . 47				1	ug/L	
24P. PCB-1016 (12674-11-2)	X			< 0 . 47				1	ug/L	
25P. Toxaphene (8001-35-2)	X			< 0 . 47				1	ug/L	

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.
SEE INSTRUCTIONS.

EPA ID NUMBER (copy from Item 1 of Form I)
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V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT				3. UNITS (specify if blank)				4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE (⁽¹⁾ if available)	b. MAXIMUM 30 DAY VALUE (⁽¹⁾ if available)	c. LONG TERM AVRG. VALUE (⁽¹⁾ if available)	d. NO. OF ANALYSES	a. CONCENTRATION (⁽¹⁾ MASS	b. MASS	a. LONG TERM AVERAGE VALUE (⁽¹⁾)	d. NO. OF ANALYSES	a. CONCENTRATION (⁽¹⁾ MASS	b. MASS	a. LONG TERM AVERAGE VALUE (⁽¹⁾)	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (<i>BOD</i>)	7 . 90	4 . 50	3 . 39	7	mg/L							
b. Chemical Oxygen Demand (<i>COD</i>)	36 . 00	29 . 00	28 . 57	7	mg/L							
c. Total Organic Carbon (<i>TOC</i>)												
d. Total Suspended Solids (<i>TSS</i>)	126 . 00	90 . 75	73 . 57	7	mg/L							
e. Ammonia (<i>as N</i>)	3 . 40	1 . 71	1 . 31	7	mg/L							
f. Flow	VALUE	7 . 65	VALUE	2 . 62	VALUE	2 . 62	4	MGD	MGD	MGD	VALUE	
g. Temperature (winter)	VALUE	VALUE	VALUE					°C			VALUE	
h. Temperature (summer)	VALUE	VALUE	VALUE					°C			VALUE	
i. pH	MINIMUM 7 . 2	MAXIMUM 7 . 9	MINIMUM ---	MAXIMUM ---			7	STANDARD UNITS				
PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly or indirectly but expressively, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.												
3. MARK "X"												
1. POLLUTANT AND CAS NO. (if available)	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (⁽¹⁾ if available)	b. MAXIMUM 30 DAY VALUE (⁽¹⁾ if available)	c. LONG TERM AVRG. VALUE (⁽¹⁾ if available)	d. NO. OF ANALYSES	a. CONCENTRATION (⁽¹⁾ MASS	b. MASS	a. CONCENTRATION (⁽¹⁾ MASS	b. MASS	a. LONG TERM AVERAGE VALUE (⁽¹⁾)	b. NO. OF ANALYSES
a. Bromide (24959-67-9)	X											
b. Chlorine, Total Residual	X											
c. Color	X											
d. Fecal Coliform	X		Present because of wildlife waste in stormwater runoff									
e. Fluoride (16984-48-8)	X	0 . 70	0 . 58	0 . 50	8	mg/L						
f. Nitrate-Nitrite (as N) (as N)	X											

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"	3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
		a. MAXIMUM DAILY VALUE (¹) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVRG. VALUE (¹) (if available)	d. NO. OF ANALYSES	e. LONG TERM AVERAGE VALUE a. CONCENTRATION ⁽¹⁾ b. MASS	f. NO. OF ANALYSES	g. NO. OF ANALYSES	h. NO. OF ANALYSES	i. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)	X									
h. Oil and Grease	X	5 . 8 0		3 . 5 6						
i. Phosphorus (as P), Total (723-14-0)	X									
j. Radionuclides										
(1) Alpha, Total	X									
(2) Beta, Total	X									
(3) Radium, Total	X									
(4) Radium 226, Total	X									
k. Sulfate (as SO ₄) (14808-79-8)	X									
l. Sulfide (as S)	X	0 . 0 0 9		0 . 0 0 7						
m. Sulfite (as SO ₃) (14285-45-3)	X									
n. Surfactants	X									
o. Aluminum, Total (7429-90-5)	X									
p. Barium, Total (7440-39-3)	X									
q. Boron, Total (7440-42-8)	X									
r. Cobalt, Total (7440-48-4)	X									
s. Iron, Total (7439-89-6)	X									
t. Magnesium, Total (7439-95-4)	X									
u. Molybdenum, Total (7439-98-7)	X									
v. Manganese, Total (7439-96-5)	X									
w. Tin, Total (7440-31-5)	X									
x. Titanium, Total (7440-32-6)	X									

Outfall Number: 002

CONTINUED FROM PAGE 3 OF FORM 2-C

EPA I.D. NUMBER (copy from Item 1 of Form I) TID041550567
CUTFALL NUMBER 002

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See Instructions for additional details and requirements.

2. MARK "X"			3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
1. POLLUTANT AND CAS NUMBER (if available)	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (<i>if available</i>)	b. MAXIMUM 30 DAY VALUE (<i>if available</i>)	c. LONG TERM AVERG. VALUE (<i>if available</i>)	d. NO. OF ANALYSES	a. CONCENTRATION (1) (2) MASS CONCENTRATION	b. MASS CONCENTRATION (1) (2) MASS CONCENTRATION	c. LONG TERM AVERAGE VALUE a. CONCENTRATION (1) (2) MASS CONCENTRATION	d. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS											
1M. Antimony, Total (7440-36-0)		X									
2M. Arsenic, Total (7440-38-2)		X									
3M. Beryllium, Total (7440-41-7)		X									
4M. Cadmium, Total (7440-43-9)		X									
5M. Chromium, Total (7440-47-3)			X	0.020		0.017		0.016		0.016	
6M. Copper, Total (7440-56-8)		X									
7M. Lead, Total (7439-92-1)		X									
8M. Mercury, Total (7439-97-6)		X									
9M. Nickel, Total (7440-02-0)		X									
10M. Selenium, Total (7782-19-2)		X									
11M. Silver, Total (7440-22-4)		X									
12M. Thallium, Total (7440-28-0)		X									
13M. Zinc, Total (7440-66-6)		X									
14M. Cyanide, Total (57-12-5)		X		0.005		0.004		0.003		0.003	
15M. Phenols, Total		X		0.015		0.013		0.010		0.010	
DIOXIN											
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1784-01-6)			X								
DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)		2. MARK "X"		3. EFFLUENT		4. UNITS		5. INTAKE (optional)	
a TESTS REQUIRED	b BELIEVED PRESENT	c BELIEVED ABSENT	d MAXIMUM DAILY VALUE (if available)	e LONG TERM AVRG. VALUE (if available)	f NO. OF ANALYSES	g LONG TERM AVERAGE VALUE	h NO. OF ANALYSES	i CONCENTRATION (%)	j MASS CONCENTRATION (%)
GC/MS FRACTION - VOLATILE COMPOUNDS									
IV. Acetone (107-02-8)		X							
2V. Acrylonitrile (107-13-1)		X							
3V. Benzene (71-43-2)		X							
4V. Bis (Chloromethyl) Ether (542-88-1)		X							
5V. Bromoform (75-25-2)		X							
6V. Carbon Tetrachloride (56-23-5)		X							
7V. Chlorobenzene (108-40-7)		X							
8V. Chlорinedibromomethane (124-48-1)		X							
9V. Chloroethane (75-00-3)		X							
10V. 2-Chloroethylhydroxy Ether (13-75-8)		X							
11V. Chloroform (58-68-3)		X							
12V. Dichlorotetrafluoromethane (75-27-4)		X							
13V. Dichlorodifluoromethane (175-77-8)		X							
14V. 1,1-Dichloroethane (73-34-3)		X							
15V. 1,2-Dichloroethane (107-06-2)		X							
16V. 1,1-Dichloroethylene (75-35-4)		X							
17V. 1,2-Dichloropropane (78-87-5)		X							
18V. 1,3-Dichloropropylene (542-75-6)		X							
19V. Ethylbenzene (100-41-4)		X							
20V. Methyl Bromides (74-83-9)		X							
21V. Methyl Chloride (74-87-3)		X							

Outfall Number: 002

CONTINUED FROM PAGE V-4

Outfall Number: 002

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"		3. EFFLUENT		4. UNITS		5. INTAKE (optional)	
	a. TESTING REQUIRED	b. PRESENT	c. BELIEVED ABSENT	d. MAXIMUM DAILY VALUE (if available)	e. MAXIMUM 30 DAY VALUE (if available)	f. LONG TERM AVERG. VALUE (if available)	g. NO. OF ANALYSES	a. CONCENTRATION (1) (2) MASS CONCENTRATION (1) (2) MASS
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)								
23V. Methylene Chloride (75-09-2)		X	X					
23V. 1,1,2,2-Tetachloroethane (79-34-5)		X	X					
24V. Tetrachloro-ethylene (127-18-4)		X	X					
25V. Toluene (108-88-3)		X	X					
26V. 1,2-Trans-Dichloroethylene (156-80-5)		X	X					
27V. 1,1,1-Trichloro-ethane (71-55-6)		X	X					
28V. 1,1,2-Trichloro-ethylene (79-00-5)		X	X					
28V. Trichloro-ethylene (79-91-6)		X	X					
30V. Trichloro-fluoromethane (75-69-4)		X	X					
31V. Vinyl Chloride (75-01-4)		X	X					
GC/MS FRACTION - ACID COMPOUNDS								
1A. 2-Chlorophenol (95-57-8)		X	X					
2A. 2,4-Dichlorophenol (120-83-2)		X	X					
3A. 2,4-Dimethylphenol (105-67-9)		X	X					
4A. 4,6-Dinitro-O-Cresol (534-52-1)		X	X					
5A. 2,4-Dinitro-phenol (51-28-5)		X	X					
6A. 2-Nicophenol (88-75-5)		X	X					
7A. 4-Nicophenol (100-02-7)		X	X					
8A. P-Chloro-M-Cresol (59-50-7)		X	X					
9A. Pentachloro-phenol (87-66-5)		X	X					
10A. Phenol (108-95-2)		X	X					
11A. 2,4,6-Trichlorophenol (88-05-2)		X	X					

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CONTINUE ON REVERSE

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Outfall Number: 002

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"		3. EFFLUENT		4. UNITS		5. INTAKE (optional)	
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	d. MAXIMUM DAILY VALUE (1) CONCENTRATION	e. MAXIMUM 30 DAY VALUE (if available) (2) MASS CONCENTRATION	f. LONG TERM AVRG. VALUE (if available) (1) (2) MASS CONCENTRATION	g. LONG TERM AVRG. VALUE (if available) (1) (2) MASS CONCENTRATION	a. CONCENTRATION (1) MASS CONCENTRATION
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS								
1B. Acenaphthene (83-32-9)	X							
2B. Acenaphylene (208-96-8)		X						
3B. Anthracene (120-12-7)		X						
4B. Benzidine (92-57-5)		X						
5B. Benzo (a) Anthracene (56-55-3)		X						
6B. Benzo (a) Pyrene (50-32-2)		X						
7B. 3,4-Benzo-fluoranthene (205-99-2)		X						
9B. Benzo (g,h,i) Perylene (191-24-2)		X						
9B. Benzo (k) Fluoranthene (207-08-9)		X						
10B. Bis (2-Chlorostyryl) Methane (111-91-1)		X						
11B. Bis (2-Chlorostyryl) Ether (111-44-4)		X						
12B. Bis (2-Chloroisopropenyl) Ether (102-80-1)		X						
13B. Bis (2-Ethoxyhex-2-yl) Phthalate (117-51-7)		X						
14B. 4-Bromophenyl Phenyl Ether (101-55-3)		X						
15B. Butyl Benzyl Phthalate (85-68-7)		X						
16B. 2-Chloronaphthalene (91-58-7)		X						
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)		X						
18B. Chrysene (218-01-9)		X						
19B. Dibenzo (a,h) Anthracene (53-70-3)		X						
20B. 1,2-Dichlorobenzene (85-50-1)		X						
21B. 1,3-Di-chlorobenzene (54-17-1)		X						

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Outfall Number: 002

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X" TESTING REQUIRED	3. EFFLUENT BELIEVED PRESENT	4. UNITS	5. INTAKE (continued)			
				a. MAXIMUM DAILY VALUE (if available) CONCENTRATION (1)	b. MAXIMUM 30 DAY VALUE (if available) CONCENTRATION (2) MASS	c. LONG TERM AVERAGE VALUE (if available) CONCENTRATION (1)	d. NO. OF ANALYSES
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)							
23B. 1,4-Dibromo- benzene (106-46-7)		X					
23B. 3,5-Dibromo- benzidine (91-94-1)		X					
24B. Diethyl Phthalate (84-66-2)		X					
25B. Dimethyl Phthalate (131-11-3)		X					
26B. Di-N-Buoyl Phthalate (84-74-2)		X					
27B. 2,4-Dinitro- toluene (121-14-2)		X					
28B. 2,6-Dinitro- toluene (606-26-2)		X					
29B. Di-N-Cetyl Phthalate (117-64-0)		X					
30B. 1,2-Diphenyl- hydrazine (as Azo- benzene) (122-68-7)		X					
31B. Fluoranthene (206-44-0)		X					
32B. Fluorene (95-73-7)		X					
33B. Hexachloro- benzene (1874-1)		X					
34B. Hexachloro- butadiene (87-68-3)		X					
35B. Hexachloro- cyclopentadiene (77-47-4)		X					
36B. Hexachloro- ethane (67-72-1)		X					
37B. Indeno (1,2,3-c-d) Pyrene (193-35-5)		X					
38B. Isophorone (78-59-1)		X					
39B. Naphthalene (91-20-3)		X					
40B. Nitrobenzene (98-95-3)		X					
41B. N,N-Nitro- sodioethylamine (92-73-9)		X					
42B. N,N-Nitrosodi- N-Propylamine (621-65-7)		X					

CONTINUED FROM THE FRONT

GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)										GC/MS FRACTION - PESTICIDES			
1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK 'X'			3. EFFLUENT			4. UNITS			5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE <i>(if available)</i>	b. MAXIMUM 30 DAY VALUE <i>(if available)</i>	c. LONG TERM AVG. VALUE <i>(if available)</i>	d. NO. OF CONCENTRATION ANALYSES	e. CONCENTRATION ⁽¹⁾	f. CONCENTRATION ⁽²⁾	g. NO. OF MASS ANALYSES	a. LONG TERM AVERAGE VALUE	b. NO. OF MASS ANALYSES	
43B. N,N-Di-n- sodiphenylamine (86-36-6)		X											
44B. Phenanthrene (85-01-8)		X											
45B. Pyrene (125-00-0)		X											
46B. 1,2,4-Tri- chlorobutene (120-82-1)			X										
GC/MS FRACTION - PESTICIDES													
1P. Aldrin (309-00-2)			X										
2P. α -BHC (319-84-6)			X										
3P. β -BHC (319-85-7)			X										
4P. γ -BHC (58-89-9)			X										
5P. δ -BHC (319-86-8)			X										
6P. Chlordane (57-74-8)			X										
7P. 4,4'-DDT (50-29-3)			X										
8P. 4,4'-DDE (72-55-9)			X										
9P. 4,4'-DDD (72-54-8)			X										
10P. Dieldrin (60-57-0)			X										
11P. α -Endosulfan (115-29-7)			X										
12P. β -Endosulfan (115-29-7)			X										
13P. Endosulfan Sulfato (1031-07-8)			X										
14P. Endrin (72-50-8)			X										
15P. Endrin Acetate (742-193-4)			X										
16P. Heptachlor (75-44-8)			X										

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EPA I.D. NUMBER (copy from Item 1 of Form I)	OUTFALL NUMBER
TLD041550567	002

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK X*			3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. ABSENT	b. MAXIMUM DAILY VALUE (if available)	c. LONG TERM AVRG. VALUE (if available)	d. NO. OF ANALYSES	a. CONCENTRATION (2) MASS	b. CONCENTRATION (2) MASS	c. CONCENTRATION (1) MASS	a. CONCENTRATION (1) MASS	b. CONCENTRATION (2) MASS	b. NO. OF ANALYSES
GICMS FRACTION - PESTICIDES (continued)												
17P. Heptachlor Epoxyde (1124-57-3)		X										
18P. PCB-1242 (53469-21-9)		X										
19P. PCB-1254 (111097-69-1)		X										
20P. PCB-1221 (11104-28-2)		X										
21P. PCB-1232 (111141-16-5)		X										
22P. PCB-1248 (12572-29-6)		X										
23P. PCB-1260 (111696-82-5)		X										
24P. PCB-1016 (112674-11-2)		X										
25P. Toranidine (88001-35-2)		X										

Continued from Page 2

EPA ID Number (copy from Item 1 of Form 1)
ILD041550567

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis - is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

Yes (list all such pollutants below)

No (go to Section IX)

*None of the chemicals listed in these tables are used or stored near outfalls 003, 004, 005, 006, or 008.

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

Yes (list all such pollutants below)

No (go to Section IX)

IX. Contract Analysis Information

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

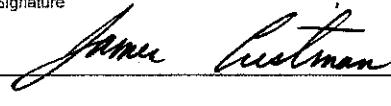
X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (Type Or Print)	B. Area Code and Phone No.
James Cristman, VP/GM Lemont Refinery	(630) 257-4300
C. Signature	D. Date Signed

12-9-10

Continued from the Front

IV. Narrative Description of Pollutant Sources					
A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.					
Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
003 004 005	1.0 acre (est) 2.0 acres 6.1 acres	9 acres 6.6 acres 7.6 acres	006 008	6.6 acres 1 acre	7.6 acres 210 acres
B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.					
Petroleum products stored at facility. Areas having potential for impacts are segregated and are treated. All outfalls are located such that minimal impacts from refinery operations would be expected.					
C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff, and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.					
Outfall Number	Treatment			List Codes from Table 2F-1	
002, 003, 004, 005, 006, & 008	A Stormwater Pollution Prevention Plan (SWPPP) has been developed implementing applicable BMPs to reduce pollutants in the runoff.				
V. Nonstormwater Discharges					
A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.					
Name and Official Title (type or print)	Signature	Date Signed			
James Cristman VP/GM Hemont Refinery		12-9-10			
B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.					
VI. Significant Leaks or Spills					
Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.					
There have been no significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years.					